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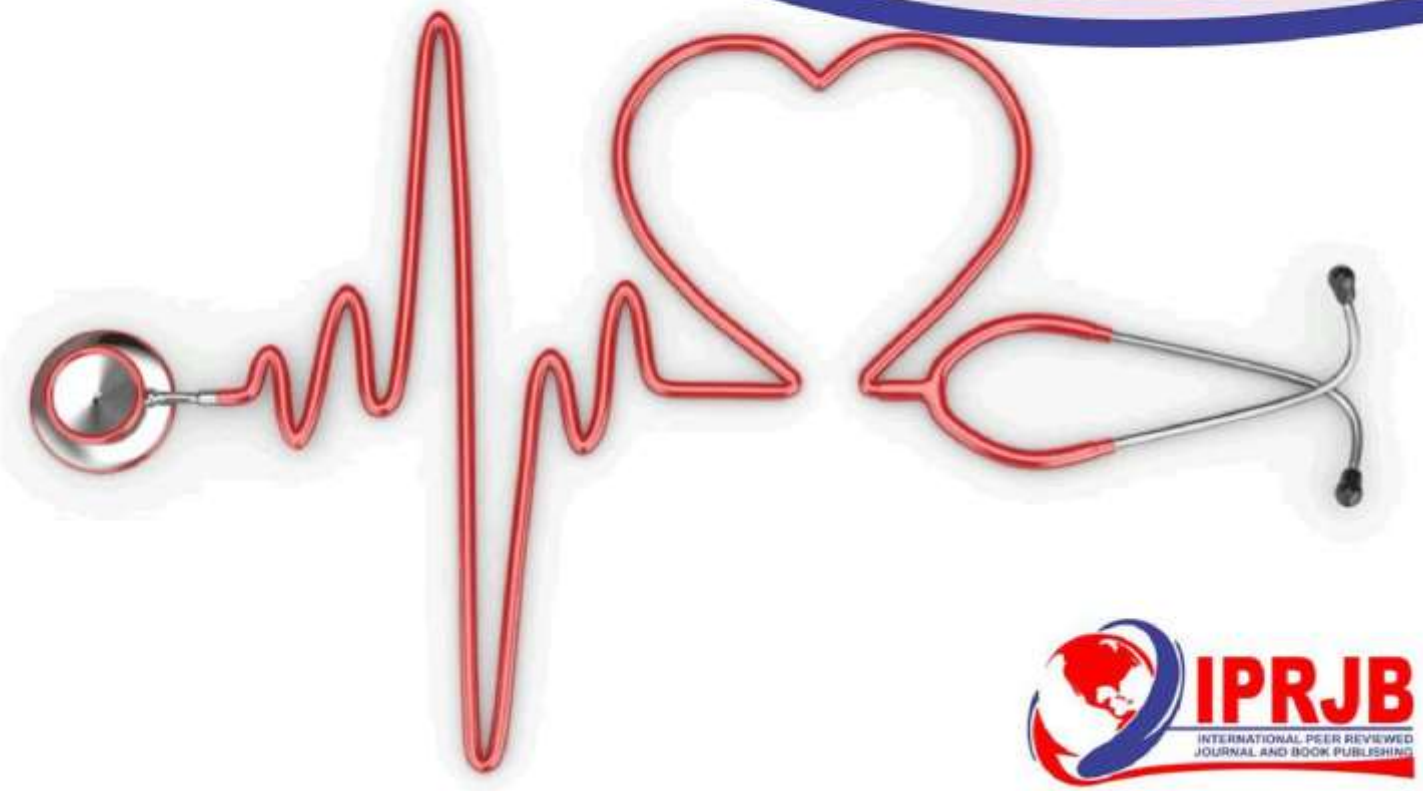

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POST-PARTUM RESUMPTION OF SEXUAL INTERCOURSE AND THE UPTAKE OF MODERN CONTRACEPTIVES AMONG WOMEN ATTENDING A TERTIARY HOSPITAL IN SOUTH WEST NIGERIA

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ABSTRACT

Purpose: A total of 460 women, who brought their children for immunization at the Infant Welfare Clinic as well as those attending the postnatal clinic who were within 6 weeks to 6 months postpartum participated in the study.

Method: This was a descriptive cross sectional study conducted among 460 women who brought their children for immunization at the Infant Welfare Clinic and those that were clients at postnatal clinic at LAUTECH teaching hospital, Ogbomoso.

Results: Majority of the women interviewed were within the age range of 26-30years (185) with a mean age of 28.65 $\pm$ 4.7, 208 (45.2%) had resumed sexual intercourse, among these, 80(38.9%) had sex less than 6weeks of delivery, while majority 168(61.87%) had sex within six weeks and six months of delivery. The last pregnancy was planned by 246(53.5%) of the respondents. Only 91(19.8%) had used contraception after delivery; 59(64.8%) used it between 6 weeks and 6 month while 32(35.2%) used it before 6 weeks, The mostly used method was condom, 29(31.8%), then Pills, 27(29.7%), Among the non-users, 81(17.6%) claimed they could have initiated sex earlier if they were using a contraceptive method.
Significant association existed between age, occupation of mothers, marital age, husband's occupation, number of wives, order of wife and resumption of sexual activity.

Conclusion: There is a need to include postpartum contraceptive counseling and sexuality as an important component of our routine antenatal and postnatal clinic.

Keywords: *Resumption, sexual intercourse, post-partum contraception, postpartum women*

INTRODUCTION

The delivery of a child brings about quite a number of changes to the mother's health and wellbeing including fatigue, depression and changes in sexual function as well as practices.[1, 2] Postpartum period is the period beginning immediately after the birth of the child and extending for six weeks.[3] During this period, the mother's body including hormonal level, uterus size returns to a non-pregnant state. An important element that has been identified in women's healthcare is sexual practice during the postpartum period.[4, 5] Interest in sexual activity often decrease throughout pregnancy, but eventually return to normal postpartum with average resumption of intercourse, ranging between 5 weeks and 8 weeks after childbirth.[4, 6] More than one-third of the 205million pregnancies that occur worldwide annually are unintended. The majority of these unintended pregnancies occur in developing countries where more than one-third of 182million pregnancies are unintended.[8] Two-thirds of these unintended pregnancies occur among women who are not using a method of family planning, and unintended pregnancies are associated with adverse maternal and infant outcomes.[8]Commencement of sexual intercourse postpartum may also herald a greater risk of unintended pregnancies. Some women may fecund few weeks after delivery, especially those not breastfeeding. So, a sexually active woman after delivery not using an effective contraceptive method increase her vulnerability to pregnancy in the month before her first menstruation.[9]The resumption of sexual activity after delivery of a baby varies from culture to culture and abstinence from sexual intercourse after childbirth until the child is fully weaned from breastfeeding is deeply rooted and practiced in cultures of different communities.[10] However, the current World Health Organization(WHO) recommendations are that women should wait until their youngest child reaches their second birthday before becoming pregnant again.[11,12] A study of women in Turkey found that 42% resumed sexual intercourse within six weeks of giving birth.[13] In United State of America 57% of women usually resumed sexual intercourse at six weeks,[14] while in Great Britain 82-85% usually resumed sexual activity by three months of postpartum period.[10,15]In Uganda, about 66.4% of postpartum women had resumed sexual activities.[16] In Nigeria, About 65% of postpartum women had resumed sexual intercourse.[17]Many factors can affect women's decision on their sexual practice after delivery, such factors involves include biological, psychological ,sociological and religious practice which may result in delay or non-delay of sexual activities.[4] Recent reports however, suggest that most women resumed sexual intercourse within 3-6 months of delivery, which is a shift from the taboo against sexual intercourse after birth with most women not using contraception in this period.[17, 18]Other factors found to be associated with early resumption of sexual activity within the post-partum period includes educational status and parity of the women, those women with long abstinence practice do so because of fear of pregnancy and in search ofappropriate family planning method.[19] Some women may wish to delay or avoid further pregnancy, but do not know how to access contraception or which methods are safe to use, particularly if they are breastfeeding. There may also be difficulties with sexual function and relationship during this time, for which individuals may require information and/or support. Study have shown that majority of mothers in the first three months after delivery usually experienced sexual problems like dyspareunia, lack of vaginal lubrication, difficulty in achieving orgasm, vaginal loosening, loss of sexual desire and bleeding or irritation after sexual intercourse.[20] Similarly, it was found that sexual

problems such as arousal, orgasm and sexual pain disorders were highly prevalent especially after delivery.[21] Postpartum sexual health, sexual problems and use of modern contraceptives have received little attention by researcher and are not often discussed by clinicians during prenatal and postnatal care. Some women usually resume sexual activity during the postpartum period without use of any modern contraceptives.[9]This group of women is at risk of getting pregnant, which is most likely unwanted. It is in the view of these, that this study was conducted to establish the factors associated with resumption of sexual activity, and use of modern contraceptives among post-natal women in the infant welfare clinic and postnatal clinic of LAUTECH Teaching Hospital Ogbomoso.

MATERIALS AND METHODS

This was a descriptive cross sectional study conducted among 460 women who brought their children for immunization at the Infant Welfare Clinic and those that were clients at postnatal clinic at LAUTECH teaching hospital, Ogbomoso. Eligible women were those within 6 weeks postpartum to 6months post-delivery attending these clinics. The respondents who met the eligibility criteria were recruited and interviewed, after obtaining a written informed consent until the desired sample size was reached. Only new clients were interviewed during subsequent visit to the clinic until the desired study size was achieved. The data was collected between November, 2015 and February, 2016. The sample size for the study was calculated using Leslie Fischer's formula for a population less than 10,000. Sample size of 370 respondents was obtained after anticipating a 10% non-response rate. However, a total of 500 questionnaires was administered to enhance representativeness. The instrument was a semistructured interviewer administered questionnaire. The study was approved by the Research and Ethics Committee of the Hospital.

Data was sought on socio-demographic characteristics, knowledge about contraception, sexual practices and sexual morbidity, obstetric and menstrual history, and modern contraceptive practices.The questionnaires were pretested among postpartum women in LAUTECH Teaching Hospital, Osogbo, after which it was analyzed and necessary modifications made before it was finally administered to the respondents.The questionnaires were checked for errors after which the data was entered into the computer and then analyzed` using the Statistical Package for Social Sciences (SPSS) version 16. Evidence of association between outcome variables was plotted by cross-tabulation and measured using chi-square statistics. The level of significance was set at $P < 0.05$ (at 95% confidence interval).

RESULTS

The mean age of the respondents was (28.65 ± 4.7), while 185(40.2%) were within 26-30 years and 138(26.6%). Majority of the respondents 340(73.9%) were Christians, 117(25.4%) being Islam while few 3 (0.7%) were traditionalist. They were mostly Yorubas, 463 (87.6%), followed by Ibos. 40(8.7%), then Hausas 3 (0.7%), and a few 14(3%) of the respondents were from the other tribes. Most of the respondents 206(44.8%) were traders followed by 107 (23.3%) civil servants, 77 (16.7%) artisans, and 70 (15.2%) were unemployed. The Highest level of education attained by majority of the respondents was tertiary education, 256(55%), 139(30.2%) had secondary education, 52(11.8%) had primary and 13 (2.8%) were uneducated. Majority, 401 (87.2%), of them were married, 40(8.7%) were divorced, and few, 19(4.1%) were single. Most, 433(94.1%) have heard about contraceptives, health care personnel being the major source of information, 248(57.3%).

Table 1 showed the resumption of sexual activities among respondents**,** 208 (45.2%) had resumed sexual intercourse, among those that had resumed, 80(38.9%) had sex less than 6weeks of delivery, while majority 168(61.87%) had sex within six weeks and six months of delivery. Majority of the respondents, 162(72.9%), claimed sex was initiated by their husbands, 32(15.4%), by the wife, while 14(6.7%) claimed it was initiated by both. Some, 12.8% (59), of the respondents had one form of sexual problem or the other post-partum, these include, vaginal dryness (40.7%), vaginal looseness (1.7%), painful sex, (13.6%), loss of desire (13.6) and prolonged vaginal bleeding (13.6%). There was a statistically significant link between sexual problemsand resumption of sex after delivery, with p-value of 0.0001.

Table 2 showed that two hundred and ninety seven (64.6%) had used one form of contraceptive or the other before this pregnancy, while 163(35.4%), had never used any form of contraception before. Injectables was the mostly used method of contraception 107(36.0), followed by condoms, 98(33.0%), then pills 82(27.6%) and implants 10(3.4%). Furthermore, 175(58.9%) stopped using contraception intentionally, among whom 75 (42.9%) stopped in order to become pregnant, while 44(25.1%) stopped due to side effects. The last pregnancy was planned by 246(53.5%) of the respondents. Only 91(19.8%) had used contraception after delivery, of those that used contraception after delivery, 59(64.8%) used it between 6 weeks and 6 month while 32(35.2%) used it before 6 weeks, 12(13.2%) used contraceptive to enhance sexual pleasure, while79(86.8%) to prevent unwanted pregnancy. The mostly used method was condom, 29(31.8%), then Pills, 27(29.7%), Injectables, 16(17.6%), IUCD, 12(13.2%), and implants, 7(7.7%). Among the non-users, 81(17.6%) claimed they could have initiated sex earlier if they were using a contraceptive method.

Table 3 showed a statistically significant association between resumption of sexual activity and use of contraception after delivery, however, there is no statistically significant association between use of contraception before and after delivery. Furthermore, there is a significant association between experience with post-partum sexual problems and the resumption of sexual activity after delivery with p-value of 0.001, (Table 4). Also, table 5 showed a statistically significant association between post-partum resumption of sexual intercourse and some socio-demographic characteristics such as age, occupational status, Smarital age and educational status with p-value <0.05. This also applied to post-partum contraceptive uptake. Table 6 showed a significant association between the respondents' occupation, age and educational status with post partum contraceptive uptake, P-value <0.005.

Table 7 showed the binary logistic regression analysis of post-partum resumption of sexual intercourse and contraceptive uptake against possible predictors. Respondent's aged ≥30years were one and half times less likely to use contraceptive after delivery than those aged <30years (95% CI: 0.407 to 1.19 and Odds ratio 0.6990) and one times less likely to resume sex after delivery than respondents aged <30years, (95% CI: 0.175 - 3.085: Odd's ratio 0.932). Similarly, the unemployed respondents, were one and half times (1/0.880) less likely to use contraceptive than those employed (95% CI: 0.535 - 1.447; Odd's ratio 0.880), while the employed respondents were two and a half times more likely to have resumed sex than the unemployed respondents, (95% CI: 0.724 - 2.309; Odd's ratio 2.537). Further, respondents with "marital age", <18years are less likely to use contraceptive than those that married >18years (95% CI: 0.016 to 0.122; Odds ratio 0.043), while, respondents who married at age <18years are about two and half times more likely to have resumed sex than those that married >18years, (95% CI: 0.000 - 0.002; Odd's ratio 2.385). In the same vein, those who were non-educated are one and half times less likely to use contraceptive than those educated, (95% CI: 0.456 - 1.371; Odds

ratio, 0.791), and were two times more likely to have resumed sex than those that were educated, (95% CI: 1.098 - 4.793; Odd's ratio 2.294).

DISCUSSION

This study revealed that less than half of the respondents (45.2%) had resumed sexual intercourse after delivery, one-third of these women resumed at less than six weeks of delivering; this rate is comparable with 40% reported from a previous study in Ogbomoso, Nigeria.[19]It is higher than the reported 23.8% from a Ghanaian study,[22]however lower than 67.6% and 90% from Jos in Nigeria and Maryland in the USA respectively.[11,15]It is interesting to note the slight increase from the study done in 2014 in the same locality compare to our study. These differences in rate of resumption of postpartum sexual activities may be due to diverse cultural and religious practices and sexual attitudes of women in different parts of the world. Sexual intercourse can be resumed safely by the second to fourth week after birth, when bleeding has stopped and the episiotomy or laceration site has healed.[23]The fact that the child welfare clinic and postnatal clinic uses an out of pocket payment method suggests that these women from our study were from middle class or higher socioeconomically, hence the reported time taken for resumption of postpartum sexual activity may not be generalized to the practice among women of low socioeconomic status in our environment. This result showed that 20% of these women would not resume sexual activity because of the fear of getting pregnant again. This proportion will benefit from ante natal Family Planning counseling. This is corroborated by similar study in our locality which showed that majority of women did not resumed sexual activity because of fear of pregnancy.[19]This study revealed that age, occupation, marital age, husbands occupation, number of wives, order of wives were significantly associated with early resumption of postpartum sexual activity. This finding is similar to that of the Ugandan study where education, occupation of wife and husband among other factors were associated with early resumption of sexual intercourse,[24] also similar to that reported by a Malaysian study which observed that mothers' and husbands' income, was significantly associated with early resumption of sexual intercourse.[4]About 4/5th of the women reported that request for sex by their husbands was the main reason for resumption of postpartum sexual activity, this was equally the commonest reason in studies from Jos in Nigeria and Uganda.[11,16] This is as a result of the fact that women will give in to their husband's request for sex in order to protect their marriage, avoid divorce, or family violence, such as battering and rape [25]; Spousal pressure and fear that their spouse would leave them had been observed as major factor for early postpartum resumption of sexual intercourse.[26] It has been observed that women's believe that their husbands practiced sexual abstinence during their confinement is an important factor for early resumption of sexual intercourse after delivery,[4] as these women may fear that their partners may seek sexual satisfaction elsewhere which can predispose them to sexually transmitted infection and subsequent marital disharmony if they deny their husbands sex for too long. In the same vein, the fact that majority (86.1%) were in a monogamous relationship, could also be a good reason for early sex request by most husbands, as the men having only one wife, unlike in the past, which made it possible for a woman to abstain from sex until the child is weaned from breast milk while the man is having sexual relationship with other wives. Less than a third of our respondents had sexual problems after delivery, this is lower than 27% and 83% from Uganda and Britain respectively.[16] Vaginal dryness was the highest complaint, while others included vaginal looseness, irritation, and dyspareunia and of these about two-third took treatment in the hospital. There is a statistically significant association between sexual problem and resumption of sexual activity after delivery.

The use of contraception should begin before sexual activity is resumed, in this study , a little less than half of the respondents had resumed sexual intercourse, however less than a quarter are using a form of modern contraceptive. The low contraceptive uptake observed is contrary to the level of knowledge of contraception expressed by the respondents. The low uptake reported by this study corroborates the report from the Ugandan demographic Health survey which reported prevalent delayed initiation of Family planning among postpartum women.[27] The proportion of women using a method of modern contraceptive reported in this study (19.8%) is similar to the findings from Jos, [11] but lower than that reported by a Kenyan study which reported a higher proportion (49%) among women in Nairobi's' slum, [31] and the 49.5% reported in a study on use and determinants of postpartum contraception among women in Malawi [32]. However, this is slightly higher than the previous study [19]done in the same locality. The reason for this could be an improved uptake due to more activities geared toward creating family planning awareness through various outreach centers established by the LAUTECH Teaching hospital, coordinated by the department of Community Medicine. A significant link was observed between contraceptive use and resumption of sexual intercourse, this was also supported by the Ugandan[24] and Malawian[29] studies which reported contraceptive use as one of the factors associated with early postpartum resumption of sexual intercourse.

CONCLUSION AND RECOMMENDATION

Women resume sexual intercourse early after child birth without the use of contraceptives; hence there is a need to include postpartum contraceptive counseling and sexuality as an important component of our routine antenatal and postnatal clinics. Furthermore, there is a need to develop educational program on sexuality after child birth with emphasis on factors such as age of the mother, occupation of mother, family setting, husband's occupation which favored early resumption of sexual activity in the postpartum period and pass the information to women and their spouses, with the aim of preventing unplanned and unwanted pregnancies, and subsequently unsafe abortion, thus reducing maternal morbidity and mortality

Declaration:

- **Ethics approval and consent to participate**- Ethical approval was obtained from the Ethical committee of LTH, Ogbomoso
- **Consent for publication**- Not application
- **Availability of data and material**- Not application
- **Competing interests**- The authors declare that they have no competing interests" in this section.
- **Funding**- the research was solely funded by the researchers
- **Authors' contributions**- OB, OO, AR- major contributor in writing the manuscript
  FT, DO, EO, FG, FS, IA- Data collection.
  All authors read and approved the final manuscript."

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Table 1: POST-PARTUM RESUMPTION OF SEXUAL INTERCOURSE AMONG RESPONDENTS (n=460)

VARIABLE	FREQUENCY(n)	PERCENTAGE (%)
RESUMPTION SEXUAL OF INTERCOURSE AFTER DELIVERY		
Yes	208	45.2
No	252	54.8
IF YES, WHEN		
<6weeks	80	38.9
6weeks-6months	128	61.1
WHO INITIATED IT		
Husband	162	77.9
Wife	32	15.4
Both	14	6.7
ENCOUNTER SEXUAL PROBLEM AFTER DELIVERY		
Yes	59	12.8
No	401	87.2
***IF YES, WHY**		
Prolong vaginal bleeding	8	13.6
Vaginal dryness	24	40.7
Vaginal looseness	1	1.7
Vaginal irritation	3	5.1
Painful sex	8	13.6
Loss of desire	8	13.6
Lack of sexual satisfaction	8	13.6
PROBLEM BEEN RESOLVED		
Yes	40	67.8
No	19	32.2
STAY WITH HUSBAND DURING DELIVERY		
Yes	393	85.4
No	67	14.6

TABLE 2: POS-PARTUM CONTRACEPTIVE USE AMONG RESPONDENTS (n=460)

VARIABLE	FREQUENCY (n)	PERCENTAGE (%)
EVER USE CONTRACEPTION		
Yes	297	64.6
No	163	35.4
FORMS OF CONTRACEPTIVE		
Pills	82	27.6
Condom	98	33
Injectables Implant	107	36
	10	3.7
PLACE OF GETTING SERVICE		
Chemist		
Hospital	4	1.3
Nurse	44	14.4
Pharmacy	4 253	1.3
		83.0
AGE START USING CONTRACEPTION		
<20		
21-25	54	18.2
26-30	165 68	55.6
31-35	10	22.9
		3.4
STOP THE USE OF CONTRACEPTION INTENTIONALLY		
Yes No	175	58.9
	122	41.4
IFYES, WHY n=175		
Desire for pregnancy		
Ready for marriage	75	42.9
Side effect	56	32.0
	44	25.1
WAS THE LAST PREGNANCY PLANNED?		
Yes		53.5
No	246	46.5
	214	
USE ANY METHOD OF CONTRACEPTION AFTER DELIVERY		
Yes		
No	91	19.8 80.2
	369	
IF YES, WHEN n-= 91		
Between 6 Weeks – 6month		
Before 6 weeks	59 32	64.8

		35.2
REASON FOR CONTRACEPTIVE USE n=91	12	13.2
Sexual pleasure	37	40.7
Delay pregnancy	42	46.1
Prevent unwanted pregnancy		
DECISION ON THE USE OF CONTRACEPTIVE n=91		
Husband	77	84.6
Wife	14	15.4
METHOD OF CONTRACEPTIVE USE n=91		
Condom	29	31.8
Injectable	16	17.6
Implant	7 12	7.7
IUCD	27	13.2
Pills		29.7

TABLE 3: ASSOCIATION BETWEEN POST-PARTUM CONTRACEPTIVE USE AND RESUMPTION OF SEXUAL ACTIVITY AMONG RESPONDENTS

VARIABLES	**USE OF CONTRACEPTION AFTER DELIVERY**		**X_2**	**Df**	**p-value**
USE OF CONTRACEPTION BEFORE PREGNANCY					
	Yes	No			
Yes	64(70.3%)	27(29.7%)	1.65	1	0.199
No	233(63.1%)	136(36.9%)			
RESUMPTION OF SEXUAL ACTIVITY	Yes	No			
Yes	71(34.1%)	137(65.9%)	49.3	1	*0.000
No	20(7.9%)	232(92.1%)			

*Statistically significant <0.05

Table 4: ASSOCIATION BETWEEN POST-PARTUM SEXUAL PROBLEMSAND RESUMPTION OF SEX AFTER DELIVERY

VARIABLE	FREQUENCY		X^2	df	P-value
Do you encounter any sexual Problem after delivery	**Have you resumed sexual intercourse after delivery**				
	Yes	No			
Yes	40(67.8%)	19(92.2%)	13.93	1	0.001
No	168(41.1%)	233(58.1%)			

TABLE 5: ASSOCIATION BETWEEN SOCIODEMOGRAPHIC CHARACTERISTICS AND POST-PARTUM RESUMPTION OF SEXUAL INTERCOURSE AMONG RESPONDENTS

SOCIODEMOGRAPHIC CHARACTERISTICS	RESUMPTION OF SEXUAL INTERCOURSE		X	Df	p –value
AGE	**YES**	**NO**			
<20	0(0%)	30(100%)	31.05	4	0.00
21-25	50(57.5%)	37(42.5%)			Significant
26-30	88(44.3%)	103(55.7%)			
31-35	64(47.5%)	75(45.5%)			
>36	12(54.5%)	10(45.5%)			
OCCUPATION					
Unemployed	31(44.3%)	39(55.7%)	12.64	3	0.005
Civil servant	64(59.8%)	43(40.2%)			Significant
Trader	84(40.8%)	122(59.2%)			
Artisan	29(37.7%)	48(62.3%)			
MARITAL AGE					
<18	3(10.3%)	26(89.7%)	49.23	4	0.00
19-24	77(40,5%)	113(59.5%)			Significant
25-29	115(57.5%)	85(42.5%)			
30-34	9(24.3%)	28(75.7%)			
>35	4(100%)	0(0%)			
HUSBAND OCCUPATION					
Unemployed	0(0%)	3(100%)	31.4	4	0.00
Civil servant	58(42.6%)	78(57.4%)			Significant
Trader	68(62.4%)	41(37.6%)			
Artisan	52(32.1%)	110(67.9)			

Professional	32(62.5%)	20(38.5%)			
NUMBER OF WIVES					
1	172(43.4%)	224(56.6%)	13.73	2	0.05
2	28(50%)	28(50%)			Significant
3	8(100%)	0(0%)			
ORDER OF WIVES					
1	23(100%)	0(100%)	36.32	2	0.00
2	9(24.3%)	28(75.7%)			Significant
3	4(100%)	0(0%)			

Table 6: ASSOCIATION BETWEEN SOCIODEMOGRAPHIC CHARACTERISTICS AND POST-PARTUM

	CONTRACEPTIVE USE AMONG RESPONDENTS				
SOCIODEMOGRAPHIC CHARACTERISTICS	CONTRACEPTIVE USE AFTER DELIVERY				
	YES	NO	X_2	df	P-VALUE
AGE					
<20	0(0.0)	30(100.0)			
20-25	18(20.7)	69(79.3)			
26-30	42(22.7)	143(77.3)	8.473	4	*0.046
31-35	27(19.9)	109(80.1)			
>36	4(18.2)	18(81.8)			
RELIGION					
Christianity	70(20.6)	270(79.4)			
Islam	21(17.9)	96(82.1)	1.127	2	0.569
Traditional	0(0.0)	3(100.0)			
TRIBE					
Yoruba	81(20.1)	322(79.9)			
Ibo	7(17.5)	33(82.5)	0.921	3	0.820
Hausa	0(0.0)	3(100.0)			
Others	3(21.4)	11(78.6)			
OCCUPATION					
Unemployed	11(15.7)	59(84.3)			
Civil servant	38(35.5)	69(64.5)	21.808	3	*0.000
Trader	30(14.6)	176(85.4)			
Artisan	12(15.6)	65(84.4)			

MARITAL AGE					
<18	0(0.0)	29(100.0)			
19-24	40(21.1)	150(78.9)			
25-29	42(21.0)	158(79.0)	24.668	4	*0.000
30-34	5(13.5)	32(86.5)			
>35	4(100.0)	0(0.0)			
EDUCATION LEVEL					
Nil	2(15.4)	11(84.6)			
Primary	2(3.8)	50(96.2)			
Secondary	17(12.2)	122(87.8)	22.699	3	*0.000
Tertiary	70(27.3)	186(72.7)			
MARITAL STATUS					
Single	6(31.6)	13(68.4)			
Married	78(19.5)	323(80.5)	1.825	2	0.401
Divorced	7(17.5)	33(82.5)			

*Statistically significant <0.05

TABLE 7: Binary logistic regression of post-partum contraceptive uptake against its possible predictors

Variables	**Categories of variable**	**Stat. significance**	**Odd's ratio**	**95% Confidence interval**	
				Lower	**Upper**
Age	"Adults" aged ≥30 (reference)	0.193	0.699	0.407	1.199
Occupation	Unemployed (reference)	*0.021			
	Employed	0.614	0.880	0.535	1.447

Marital age	<18 (reference)	*<0.001	0.043	0.016	0.122
Educational level	Educated (reference)	0.053			
	Non-educated	0.403	0.791	0.456	1.371

Table 8 Binary logistic regression of post-partum resumption of sexual intercourse against its possible predictors

Variables	**Categories of variable**	**Stat. significance**	**Odd's ratio**	**95% Confidence interval**	
				Lower	**Upper**
Age	"Adults" aged ≥30 (reference)	0.696	0.932	0.175	3.085
Occupation	unemployed (reference)	0.509			
	employed	*0.038	2.537	0.724	2.309
Marital age	<18 (reference)	0.998	2.385	0.000	0.002
Educational level	Educated (reference)	*0.002			
	Non-educated	*0.027	2.294	1.098	4.793